

## Nurturing Connections Family Summary

ID#: \_\_\_\_\_ Date of 1<sup>st</sup> Phone Call: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last phone call: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total # of Calls attempted: \_\_\_\_\_ Total # of Calls received: \_\_\_\_\_

### 1) Referrals Made to Family During Time in Program

<u>Where referral made to</u>	<u>Did Family Follow Through With Referral</u>		
_____	YES	NO	DK
_____	YES	NO	DK
_____	YES	NO	DK
_____	YES	NO	DK
_____	YES	NO	DK
_____	YES	NO	DK
_____	YES	NO	DK
_____	YES	NO	DK
_____	YES	NO	DK

### 2) Why did the family leave the program?

- |   |  |
|---|--|
| <input type="checkbox"/> Family graduated/met goals                 | <input type="checkbox"/> Family not available for calls                  |
| <input type="checkbox"/> Family refused further services            | <input type="checkbox"/> Family was non-compliant                        |
| <input type="checkbox"/> Family was not appropriate for the program | <input type="checkbox"/> Family moved                                    |
| <input type="checkbox"/> Baby removed from home by DCF              | <input type="checkbox"/> No time for calls                               |
| <input type="checkbox"/> Left without explanation                   | <input type="checkbox"/> Other family member did not approve of services |
| <input type="checkbox"/> Other (Please specify _____)               |  |

3) Mother's age at baby's birth: \_\_\_\_\_ years      4) Father's age at baby's birth: \_\_\_\_\_ years

5) Mother's race ethnicity:

<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> African-American
<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not known
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Other (please specify _____)	

6) Father's race/ethnicity:

<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> African-American
<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not known
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Other (please specify _____)	

7) Sex of infant:      ☐ Male      ☐ Female

8) What language is the mother most comfortable speaking?

☐ English      ☐ Spanish      ☐ English and Spanish      ☐ Other (specify \_\_\_\_\_)

9) Is the mother currently employed [at time she exited the program]?

- |  |   |
|--|---|
| <input type="checkbox"/> No and mother is not seeking work     | <input type="checkbox"/> No, but the mother is seeking work |
| <input type="checkbox"/> Yes, mother is working full-time      | <input type="checkbox"/> Yes, mother is working part-time   |
| <input type="checkbox"/> Yes, but currently on maternity leave | <input type="checkbox"/> Not known                          |

→ (continued)

10) Please note any changes in the family since they started the program: \_\_\_\_\_

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11) Case Notes: \_\_\_\_\_

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